

**Houston Area Cooperative
Professional Services Agreement for 2013-2014**

Name of District: _____

My district wishes to renew its professional services agreement with the following designation.

CHECK THE APPROPRIATE RESPONSE:

- ☐ **Full Services:** Full service districts may not change from a full service agreement to a partial once this agreement is signed. Full service agreements will be invoiced for their share of the cost at the end of the school year.
- ☐ **Partial Services:** Partial services are **\$300.00** which constitutes a limit of 25 attendees for the entire year. If the district attendance exceeds 25 attendees, the agreement will be converted to a full services agreement. Partial service agreements must be paid by **October 1, 2013**. Use this form as your invoice.

This form will be returned if no response is noted.

Contact Person (print name): _____

School District Address _____

City ZIP _____

e-mail Address: _____

Phone Number (include area code): _____

Fax Number (include area code): _____

Secretary Name (print name): _____

Secretary e-mail Address: _____

Secretary Phone Number (include area code): _____

Signature of District Contact: _____

Date: _____

You may fax this form to 281-644-1816 OR send as an email enclosure to mishabgabriel@katyisd.org, or mail to:

Alene Lindley
Gifted and Talented/Advanced Academics Department
Katy Independent School District
6301 South Stadium Lane
Katy, Texas 77494

